The MEDICAL MISSIONARY

TYPES OF MOHAMMEDAN DISPENSARY PATIENTS

SOCIETY OF CATHOLIC MEDICAL MISSIONARIES A.D. 1925
CAUSA NOS- TRÆ LÆTITIÆ

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A SEASONABLE COMPARISON

THE Hindus believe in heaven and hell. In order to go to heaven—that is, to be united to the deity—their souls must be completely purified from all imperfections. This is difficult to achieve in a single lifetime. In their minds the theory of the transmigration of the soul solves the problem. It simply means that after death Hindus expect innumerable chances of working out their salvation by becoming creatures, either human or animal, of a higher or lower kind. The kind is not a matter of choice but of merit. Thus the Brahman is firmly convinced that his exalted state, which permits him to look down on people of a lower caste, is due to his excellence acquired in previous lives.

Woman must aspire to becoming a man in the next life, for the very fact of being a woman proves her unfitness for eternal bliss. The poor outcaste is not pitied but scorned, because he reaps now in degradation and misery what he has sown in wickedness in the past. He is "untouchable," only there to be the scavenger and sweeper of the country. And these Knights of the Broom, for whose spiritual and social betterment the average Hindu does not lift a hand, number at least 50,000,000.

Mahatma Gandhi's heart revolts against this blot on the Hindu social system, but far more powerful than the great ascetic's stirring words and deeds and fasts are the words of Christ, "As long as you did it to one of these my least brethren, you did it to Me." Matt. xxv-40. "DOING IT FOR CHRIST" is the lever which will lift the millions of despised human scavengers out of the deep mire of scorn and misery to a place which entitles them to be treated as children of our common Father's house and capable of partaking in the Communion of Saints.

The Hindu's indifference to improvements is often attributed to the belief in the transmigration of the soul. It is stated somewhere that a genius for statistics made the number of possible chances of transmigration 3,800,000. Is it to be wondered at, then, that not much value is attached to one fleeting life?

Catholics also believe in eternal reward and punishment, and know that only the perfect soul is allowed to see God. In purgatory the soul is cleansed of all stains and imperfections by a process of suffering. We differ from the 210,000,000 of Hindus not only in our belief in purgatory but also in the valuation placed on life. We know for certain that God gives us only one life in which to work out our Salvation. Only one life! Are we not fortunate to know the Truth?

The MEDICAL MISSIONARY

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EDITORIALS

OUR SUBSCRIBERS

OUR circle of Subscribers, although still comparatively small, is a very precious treasure. We realize that it is composed of men and women of vision, who can see suffering relieved and souls saved in time to come through the Medical Mission Apostolate.

It requires knowledge of the field, confidence in the workers and charity to stimulate the development of the cause during its lean years of spade work. They say: "Things turn up to him who digs." Our Subscribers are helping us to dig, God willing, it will meet with success.

A NEW MEDICAL MISSION VENTURE

In the *Week*, a Catholic paper published in Calcutta, we read of "the departure of the first Medical Missionary from Hungary for the foreign mission field. The idea of fostering a missionary vocation amongst the medical students of Pesth is due to a priest, Fr. Rob. Koch, who has been quietly working in this direction for some years now. Dr. Anton Molnàr, who has just left for the Belgian Congo, is the first of a group of students who have devoted their art and life to the mission field, and there is every promise that four to five young doctors will henceforth be available annually; first for Africa, later on it is hoped for China also.

"What interests us particularly is to read that Dr. Molnàr and his 27 fellow students have been received as *Oblates of St. Benedict;* and that, therefore, the whole of this new movement for a lay apostolate of Catholic Mission Doctors has received its definite religious *status* and will go forth fighting the good fight under the rule of the Patriarch of all Western Monasticism, St. Benedict. The Arch-Abbot of Martinsberg, the head of the Hungarian Congregation of the Benedictine Order, received the gallant band of young men, the papal Nuncio himself saying the Mass. As the Benedictines have no church of their own in Pesth, the Jesuits kindly lent theirs: and so with blessings from all sides, the new venture was inaugurated."

This and all other Medical Mission undertakings have our heartiest good wishes for abundant success!

BELGIAN INTEREST IN MEDICAL MISSIONS

The University of Louvain is organizing a special center of preparation for medical missionary work in the Belgian Congo. During the summer in the Belgian churches sermons in aid of the work were preached—short five-minute sermons in French or Flemish at every Mass on a Sunday morning—and a further effort to provide the necessary funds is being made by a national lottery with 130,000 francs' worth of prizes. The foreign mission movement is making widespread progress all over the country.

A NEW MISSION PLAN

It gives the Editor very special pleasure to announce that her own country—the Tyrol—is planning an important step for the progress of the Missions. The theological faculty of the famous old University of Innsbruck is known to many in this country. Under its wing, although independently, an "Academia Missionum" is to rise for the purpose of giving missionaries of different orders and congregations an opportunity of equipping themselves in a practical, scientific way for their fields of labor. History of religions, ethnology, mission sociology and languages will be the principal subjects as planned at present. Rev. A. Drexel, Rector of the African Institute, Innsbruck, is in charge of the necessary preparations.

IN MEMORY OF A GREAT PHYSICIAN

We emphasized in our first issue that a publication, no matter how small, is a difficult undertaking for our young Society. But such letters as the following inspire courage and confidence and make one glad to have made a beginning:

"The first number of the magazine is most interesting and tells me much that I wanted to know. Your work is a tremendous and a very appealing one. As first fruits of this first edition may I offer you the enclosed check of five hundred dollars, in memory of my Father, a great man and a great physician."

TWO PIONEER YEARS

By Dr. Anna Dengel

IN JUNE, 1925, His Grace Archbishop Curley authorized the Society of Catholic Medical Missionaries to make a foundation in Washington, D. C.

In September, 1925, Dr. Joanna Lyons, Miss Evelyn Flieger, R. N., and Miss Marie Ulbrick, R. N., joined Dr. Anna Dengel, who had nothing to offer them except an opportunity to embrace a life of service and sacrifice for God, as medical missionaries.

The house and purse were empty to begin with, but good friends in many quarters stood by us. These first friends made an indelible impression on our hearts and will be gratefully remembered all the days of the Society. Very Rev. Michael Mathis, C.S.C., the priests, seminarians and sisters of the Holy Cross Foreign Mission Seminary did everything in their power to make our beginning possible and easy.

On September 30, 1925, our house was canonically established and blessed by Rt. Rev. Msgr. Thomas, the Archbishop's Delegate for religious orders of women in the Archdiocese of Baltimore.

High mass was celebrated for the first time in the small, simple chapel by Rev. Louis Kelley, C.S.C.

The work of the year, namely, the spiritual formation of the candidates for missionary life, started without delay. Rev. Francis P. Goodall, C.S.C., initiated us in the exercises and practices of the spiritual and community life, and he acted as our chaplain.

Rev. Father Mathis provided us with instruction in religious and missionary subjects. As our first field of labor was to be in the Punjab, in northern India, Hindustani became essential. The "missionaries to be" worked earnestly at the melodious main tongue of the "land of the five rivers." Last to be mentioned, but by no means the least in importance, is the missionary's training to put mind and hand willingly and cheerfully into anything she may be called upon to do. This is the test of the caliber of the missionary. The care of the sacristy and chapel, cooking, general housework, keeping accounts, secretarial work, photography, dressmaking and miscellaneous jobs all are necessary to "carry on." Humorous adventures were frequent occurrences. Laughing is said to be conducive to health. If that is the case, we laid up a large store of that precious gift in our first year of medical mission pioneering.

On the first Friday of March, 1926, we received the garb of the Society from the hands of Rt. Rev. Msgr. Thomas, who on the occasion gave us a five-word exhortation: "The four of you, stick."

September 23, 1926, marked the real birthday of the Society. After an eight-day retreat given by Rev. Francis J. Walsh, O.S.B., Dr. Anna Dengel, Dr. Joanna Lyons, Sister Mary Laetitia Flieger, and Sister Agnes M. Ulbrick solemnly promised to keep the Constitutions and took an oath to remain in the Society for three years, to go without delay to any region or place to which they might be sent by the Superior of the Society and to do the work assigned to them.

Rt. Rev. Thomas J. Shahan, Rector of the Catholic University of America, presided when the first four members of the Society of Catholic Medical Missionaries took the mission oath

Rt. Rev. Bishop Shahan, Rector of the Catholic University of America, presided. He blessed and gave the missionary crosses to the four candidates. In his address he said: "Our own country has been the scene of a great awakening in missionary works. The old communities which have long spent themselves in the work have taken on new zeal. . . . The work of medical missionaries is both old and new. Our missionaries have always been helpful to the peoples to whom they brought the knowledge of God and the saving faith of Christ.

"But this work has now taken an organized form. It has entered the ranks of regular, duly authorized and highly blessed religious organizations.

"Today we welcome the first members of the Catholic Medical Mission Society to make their promises for three years. Thereby they become a formal Society of the Catholic Church and enter upon the enjoyment of all the numerous graces which the Holy Spirit brings to those who are willing and zealous agents in the spread of God's word and the teaching of our holy religion.

"I congratulate you on the zeal, piety and earnestness with which you have answered the Divine Call and hope that God will bless you abundantly. This work is begun in all humility, modesty and simplicity, but it is by no means the first, nor will it be the last, work begun in this

way. . . ." The ceremony ended with Benediction of the Most Blessed Sacrament.

The first event of our second year was a farewell ceremony. On September 24, 1926, Dr. Joanna Lyons left the shores of her native country to take charge, for one year, of St. Catherine's Hospital for Women and Children in Rawalpindi, India.

The task of the three remaining members was to keep the home fires burning. In November, 1926, we moved into our present quarters, which are very satisfactory while we are so few. In December, 1926, Canada, renowned for its good nurses, sent a representative. Miss Margaret Godin, R. N., entered the Society on the Feast of the Immaculate Conception. During the winter months, Dr. Dengel visited hospitals, schools, clubs, etc., in the interest of medical missions.

This is a welcome opportunity to express thanks and appreciation for all the help and cooperation so generously extended by the various institutions.

The second year passed almost more rapidly than the first. Events and activities connected with even a small establishment make the days and weeks very short.

In August and September, 1927, five candidates joined our Society. They were most welcome and it did not take long for them to feel at home and to enter into the missionary spirit of the house.

Perhaps the outstanding event of our second year is the building of one wing of our first hospital in India. It is ready to receive its first staff and its first patients.

Last but not least, we mention the launching of The "MEDICAL MISSIONARY" as the crowning finale of our second pioneer year. God has been good to us! After two years we are four hale and happy members, six candidates full of life and good will and a little army of friends who also are ready to make sacrifices that "our neighbor yonder" may be happier in soul and body.

May God continue to bless everybody's contribution to our work, for His greater honor and glory, the conversion of souls, the relief of human suffering and the raising of womanhood in non-Christian countries!

PURPOSE AND SCOPE OF THE SOCIETY

STRESSING the importance of the Medical Apostolate, our Holy Father Pope Piux XI., says in his memorable encyclical on Catholic Missions promulgated February, 1926:

" . . . In the meanwhile let the missioners remember that they must follow the same methods with the natives as did the Divine Teacher when He was on earth. He, before He taught the multitude was accustomed to heal their sick. 'And all that were sick He healed and many followed Him and He healed them all' . . . All who are interested in the health of the inhabitants and minister to the sick and all who are kind to little children and infants, win the good will and affection of all the natives, so readily does the human heart respond to charity and kindness."

The purpose of the Society of Catholic Medical Missionaries is to render medical aid, no disease or condition being excepted, to Christians and non-Christians in the officially recognized foreign mission countries of the world.

The work of Medical Missionaries is a combination of spiritual and corporal works of mercy. There are many opportunities of instructing the sick and their relatives in our Holy Religion, of winning the love and confidence of the people, of breaking down prejudice and superstition, of reaching many with whom no other missionaries can come in contact, of helping the dying and of baptising infants in danger of death.

The scope of the Medical work extends to mission hospitals and dispensaries, medical schools and training schools for nurses, infant welfare centers, plague camps, leper asylums and caravan dispensaries bringing medical aid from village to village. Obstetrical work and visiting the sick in their homes are primary needs in mission countries.

The field of labor of the Society is not restricted to any one particular Mission country. The first hospital and dispensary of the Society are in northern India, in the Mill-Hill Prefecture Apostolic of Kashmir and Kafristan, where the Mohammedan and high caste Hindu women are still strictly secluded and can only avail themselves of medical aid by women. Medical care, as a matter of fact, is the only means there to help them and reach them from a missionary point of view.

SOCIETY AT HOME

SISTER MARY LAETITIA AND SISTER AGNES MARIE

ANOTHER passage is booked. On October 29, Sister Agnes Marie boarded the "France" to cross the Atlantic.

Sister Agnes Marie was graduated from St. Joseph's Hospital, Dubuque, Iowa, in 1921. After four years of private duty and also hospital work in the Lee Sanitorium, Dowagiac, Mich., she entered the Society as one of the original four members.

As we all enjoy good health, she has had no opportunity to display her nursing talents. But we can vouch for the fact that she is a good cook, organist, dressmaker, bookkeeper and chauffeur and is always ready and able to give a helping hand! We know that Khansamas (cooks), Dhobis (washermen), Dharzis (tailors), Malis (gardeners), and Bhistis (water carriers) will not play many tricks on her.

Sister Agnes Marie and Sister Mary Laetitia will meet in London and sail from there to Colombo on November 15. By Christmas they expect to be in Rawalpindi with Dr. Lyons.

Our Candidates

Our five new candidates are the hope of the future. With our first missionaries in the field they are promoted very quickly to responsible tasks. In pioneer days everybody puts his best foot forward and all the hidden talents come to the fore! The little group consists of two nurses, one scout leader, one laboratory technician and one doctor. We have room for more and still more!

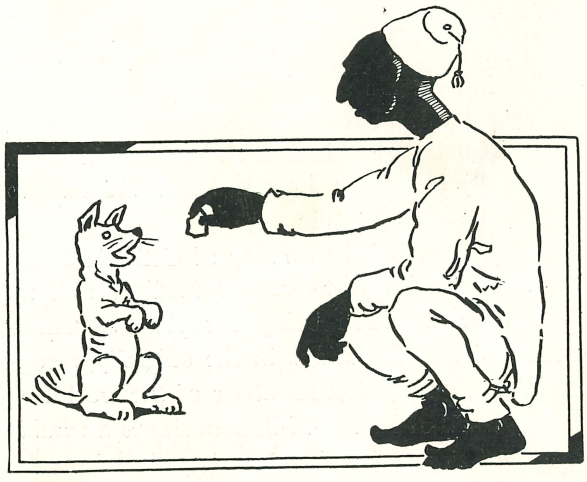
Annual Retreat

Rev. Francis J. Walsh, O. S. B., from St. Anselm's Priory, Brookland, D. C., kindly gave us our Retreat again this year. His help and the natural atmosphere of peace and quiet of our place made it an exceptionally nice one. To live in the great capital of the United States and at the same time to be surrounded by fields and woods is certainly a rare privilege!

Doctor Caroline O'Connor is one of the September band of candidates. She has already been a medical missionary in the south of India, having spent three and a half years there. Being from the "Isle of Saints and Scholars" she can see the funny side of things. Here is a little incident about her dog.

Dogs in India like everywhere else have to be fed. But in India it is not as simple as it appears to be. Abdul, a good clean Mahomedan servant, refused to do it. He said, being the servant of a respected and honorable lady he would not degrade himself by feeding a dog. "Very well," said the Doctor Memsahib, "I will do it." Abdul protested strongly on the grounds that he could not serve a lady who would stoop so low as to feed a dog. "Well then the sweeper will have to do it." "But Memsahib," Abdul protested, "the dog is a good class dog. That sweeper is low caste. I cannot degrade a good class dog by letting it have food handled by a sweeper."

The argument finally ended by Abdul agreeing to feed the dog. It seemed the only way to preserve his dignity and also to keep his job. He figured it out this way: his mistress was still worthy to be served since she did not lose her respectability by feeding the dog and by owning a dog which had lost caste by being fed by an outcaste—a sweeper.



SOCIETY ABROAD

PRACTISING MEDICINE IN THE PUNJAB

By JOANNA LYONS, M. D.

IF you glance at a map of India you will see that the Punjab is in the northernmost province of British India and that it lies near Afghanistan and Tibet and Turkestan and Kashmir and Bokhara and a few other places which we do not hear about very often. A few of the impressions and experiences of six months spent as a mission doctor in a small Catholic hospital in the city of Rawalpindi may interest you.

This is a hospital for women and children only. It is in existence for something less than twenty years and even in that (for India) short time, some of the barriers that hedge about Mahommedan and Hindu women have been loosening a little. All about the hospital grounds is a high wall and at the entrance to the dispensary is an intricate gate, so that no masculine eye may possibly get a glimpse of a lady a block or so distant walking about the garden. It used to be necessary to shoo all workmen away from the sacred precincts at the dispensary hours because the women objected strongly to their presence anywhere near. But nowadays we have trouble in inducing the women to use the secluded gate; workmen continue on their jobs close at hand; husbands are fetched along and sit down in plain sight of everybody waiting for the doctor, and nobody minds at all.

But to come back to the practice of medicine. You sit in the dispensary and each morning a number of women come to be seen, or bring their children. Picture to yourself a succession of women in varied dress; about half in baggy Turkish trousers, many with rings in the nose and on their toes and with huge earrings; a few in good clothes, even silk, satin and velvet; but most in garments which, from frequent trips to the indifferent washerman approximate the color of the ground. Imagine all your patients speaking a foreign language of which you know very little and every fifth one turning up with another language of which you know nothing. It is the same in the hospital, and now and then comes to mind a fleeting and amusing remembrance of the many page medical histories of interne days, when one inquired what had happened to the various leaves on the family tree. Our patients here rarely know how old they are and they have usually the vaguest notions of how long they have been sick. "For many days" is a favorite expression and may mean ten days or five years.

To some extent the difficulties of diagnosis are lessened by the fact that a woman as a rule does not seek medical aid before her disease has developed until, as the medical students say, it looks like the picture in the book. They give very quaint accounts of their symptoms. Sometimes a more unsophisticated woman from a village expects that the doctor can feel her pulse and, without more ado, know all about her. They sit silently before you and extend a wrist being quite surprised if you take other means to find out what the matter is.

The inmates of the hospital are a very rapidly changing lot. It is not an uncommon thing for a woman to come in who has been sick for some weeks, months or even years, and to leave at the end of a day or two because she is not cured. For instance, several weeks ago a tall, gaunt woman appeared at the dispensary and announced that she was going to remain in the hospital. From her history and symptoms it seemed probable that she was suffering from cancer of the stomach. At the end of 24 hours she told us that she came to be cured; she was not cured, therefore she would go home; and home she went.

In spite of their curious ways and notions, one can do these people some good. And now and then a very, very sick baby is brought in. Along with his treatment card he receives his passport to heaven. These baptisms show in the statistics; other results of medical mission work, in this particular district are less easy to demonstrate but undoubtedly are produced.

St. Catherine's Hospital for Women and Children

AN INDIAN CITY'S HEALTH

HIGHER DEATH RATE AMONG WOMEN

CALCUTTA was the first capital of British India—founded by Job Charnock in 1690. Its present population is 1,500,000, one-third of which is comprised of women. The total area of the city is 44 square miles.

In a recent issue *The Statesman,* a leading Indian daily, published an address of Dr. T. H. Mazumdar, the Health Officer of the City of Calcutta. "After dealing with the birth and death rates, 19 and 30 per thousand respectively, the former with remarkable seasonal variations, the death rate being characterized by the fact that female mortality is 1½ times greater than that of males," Dr. Mazumdar went on to deal with infectious diseases.

Hindu Susceptibility to Cholera

Cholera chiefly occurs in the urban and riparian wards, and a good deal of cholera in Calcutta is water-borne, the heavy incidence of the disease amongst Hindus whose religion enjoins river bathing, together with the fact that the wards bordering the river suffer most severely from cholera is convincing evidence that cholera is water-borne. Another source of danger is the unfiltered water supply. Millions of gallons of raw river water are distributed all over the city for flushing drains, etc. Unfortunately, particularly during the hot weather it is freely used for domestic purposes. An increase of the mortality of cholera is often noticed after bathing festivals, specially when large numbers of pilgrims come to the town from outside.

Isolation of cases, removal to hospitals, disinfection, chlorination of the water of polluted tanks and placing them under police guards, provision of filtered water stand-posts in *bustees* and inoculation are the most effective preventive measures which are adopted in Calcutta.

Smallpox claims an average of about 1,100 lives a year, the death-rate being 1 per thousand. Epidemics of smallpox in Calcutta tend to recur every fourth or fifth year and there are frequently two outbreaks, a milder "pre-epidemic" followed by a severe true epidemic in the following year. Vaccination has not yet become universally popular. In each of the epidemic years of 1925 and 1927 we were able to perform about 300,000 vaccinations, about 30 percent of the population. There is a strong prejudice aganst vaccination among the Marwaris, and many Hindus will not allow vaccination to be performed when there is a case of smallpox in their houses.

There is thus great difficulty in preventing the spread of infection by the Health Department. Re-vaccination should be made compulsory.

Of plague there was not a single case last year, and the complete disappearance of epidemic plague from Calcutta was anticipated in the near future.

Tuberculosis Havoc

Unsanitary housing conditions, want of fresh air and sunlight, overcrowding; retention of the *purdah* system, ignorance and poverty, and underfeeding are the causes of tuberculosis which claims 2,400 victims every year. The most striking feature of the disease in Calcutta is its preponderence amongst the female population, the rate amongst the females being double that of males. The worst feature, however, is the terrible mortality amongst girls and young women. Between the ages 15 and 20 years for every boy that dies of tuberculosis six girls die. It is the retention of the *purdah* system in the densely populated lanes in the congested city that dooms so many girls to early death from tuberculosis. Another very important factor is early marriage.

Malaria

Malaria is responsible for 1,200 deaths in a year, on an average, a death rate of 14 per thousand. The inclusion of the added areas with a high death-rate for malaria has increased the death-rate of the city. Malarial fevers are most prevalent in the semi-rural and suburban areas. These areas with numerous tanks, miles of open surface drains with no proper outfall and extensive low-lying areas abound in breeding grounds for mosquitoes. This explains the greater incidence of the disease in the above wards.

Mohammedans suffer more severely than the Hindus and females as a rule are more susceptible than males, the death-rate amongst females being more than twice the death-rate amongst males.

How much do you know of Medical Missions and the Women of the Orient?

To be informed, SUBSCRIBE TO "THE MEDICAL MISSIONARY."

Also kindly send in the names of others likely to be interested.

DR. ANNA DENGEL,

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